

STATE OF NEBRASKA ACH ENROLLMENT FORM

Mail or Fax to:

HHSS - Finance & Support
Attn: Provider Enrollment
PO Box 95026
Lincoln, NE 68509-5026
Phone: 402-471-9558
Fax: 402-742-2373

New

Change

If you have an questions when completing this form, please contact the State Treasurer's Office:

State Treasurer
Attn: Treasury Management
Rm. 2003, State Capitol
Lincoln, NE 68509
Phone: 402-471-2455
Fax: 402-471-0816

**CTX or
CCD+**

The information below should be completed by the vendor. If the vendor has any questions, please contact the State Accounting Division at 402-471-2581.

It is the Financial Institution's responsibility to assure the accuracy of the following banking information. If there are any questions, please contact the State Treasurer's Office at 402-471-2455

Vendor Information

Name: _____

Address: _____

Eleven Digit Provider #: _____

Contact Person: _____

Phone #: _____

Fax #: _____

May this authorization be used for? (check one)
All payments by the State of Nebraska
Only payments listed below:

Financial Institution Information

Name: _____

Address: _____

ACH Coordinator: _____

Phone #: _____

Fax #: _____

Nine Digit Routing Transit #: _____

Depositor Account #: _____

Depositor Account Title: _____

Type of Account: **Checking** **Savings**

It is the responsibility of the state vendor to obtain the ACH payment related remittance information from their financial institution. The State of Nebraska sends this information through the ACH network with the payment to your financial institution. Please contact the ACH department at your financial institution regarding the services your bank provides to obtain the payment information.

(Please Print or Type – Signature Required)

Vendor Signature: _____

Name: _____

Title: _____

Date: _____

(Please Print or Type – Signature Required)

Bank Signature: _____

Name: _____

Title: _____

Date: _____